

CALIFORNIA

FORM 9000 & INSTRUCTIONS



2001 HOMEOWNER ASSISTANCE CLAIM BOOKLET

You may qualify for Homeowner Assistance even though you are not required to file a state income tax return.

Members of the Franchise Tax Board

Kathleen Connell, Chair
Claude Parrish, Member
B. Timothy Gage, Member

Are You Eligible?

File a claim if:

You were **one** of the following on December 31, 2000:

- 62 years of age or older;
- Blind; or
- Disabled; **and**

You meet **all** of the following requirements:

- You owned and lived in your own home on December 31, 2000;
- Your total household income for 2000 was \$35,251 or less; **and**
- You are a United States citizen, a designated alien, or qualified alien when you filed your claim.

Note: Use this booklet to file your 2001 Homeowner Assistance Claim. The qualifying period for this booklet is calendar year 2000; therefore, you will be providing information relating to the 2000 calendar year.

Free Help

Free assistance is available between July 1 and October 15.

If you need help completing the claim form in this booklet, please see page 2 and page 20.

Asistencia Gratis en español:

Asistencia gratis bilingüe en español se describe en la pagina 20 de este folleto.

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STATE OF CALIFORNIA
FRANCHISE TAX BOARD



Homeowner Assistance

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Free Assistance

A statewide volunteer assistance program provides free assistance between July 1 and October 15, 2001 for completing your claim form. Call the Franchise Tax Board at (800) 338-0505, your local Senior Citizens Information and Referral Service, or your state legislator's office for the Homeowner and Renter Assistance (HRA) volunteer site nearest you. You may also view the Franchise Tax Board Internet website (updated daily) at: **www.ftb.ca.gov**

If you need information to complete your claim form or to find out about your assistance check, call the telephone number listed above. You may also get information and receive assistance at any of the Franchise Tax Board field offices listed below.

Field Office	Address
Bakersfield	1800 30th Street, Suite 370
Fresno	2550 Mariposa Street, Room 3002
Long Beach	4300 Long Beach Boulevard, Suite 700B
Los Angeles	300 South Spring Street, Suite 5704
Oakland	1515 Clay Street, Suite 305
Sacramento	3321 Power Inn Road, Suite 250
San Bernardino	464 West 4th Street, Suite 454
San Diego	7575 Metropolitan Dr., Suite 201
San Francisco	455 Golden Gate Avenue, Suite 7400
San Jose	96 North Third Street, 4th Floor
Santa Ana	600 West Santa Ana Boulevard, Suite 300
Santa Rosa	50 D Street, Room 100
Stockton	31 East Channel Street, Suite 219
Van Nuys	15350 Sherman Way, Suite 100
Ventura	4820 McGrath Street, Suite 270
West Covina	100 North Barranca Street, Suite 600

CALIFORNIA'S ENERGY CHALLENGE

The energy challenge is real.

California continues to experience electrical shortages and rolling blackouts. To reduce the risk, the most important things we can do in the short term are reduce our demand for electricity and use energy more efficiently.

The Governor and leaders of the California Legislature are working with utility companies, generators, and consumer groups to fashion long-term solutions for reliable and affordable electricity. The state has already implemented a plan to reduce consumption by at least 8 percent across the board.

We in California have the power of nearly 35 million people and are the sixth largest economy in the world. By reducing our electricity demand we can lower energy bills and help avoid shortages.

All you have to do is FLEX YOUR POWER.

For more information about what you can do right now to reduce demand and cut your own energy costs, please visit the California homepage at: my.ca.gov.

Letters If you need to write to us, send your letter to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0940

Include your social security number and your daytime and evening telephone numbers in your letter. We will respond to your letter within 15 weeks. In some cases, we may need to call you for additional information.

Form

You may download, view, and print claim forms and publications. Go to our website at: www.ftb.ca.gov.

You may also order forms and publications by phone. See "Where To Get Claim Forms" on page 20 for instructions.

What's New

Annual filing period change

The annual filing assistance period for filing Homeowner Assistance claims has been changed. Starting with the 2001 claim year the annual filing assistance period for the Homeowner and Renter Assistance (HRA) Claims will take place between July 1 and October 15, instead of May 15 through August 31 as in past years.

One-time-only 150 percent increase for 2000 claim year recipients

For the 2000 claim year, recipients received a one-time-only increase of 150 percent of their HRA payment. This increase resulted from special legislation that was part of the State Budget for fiscal year 2000 only.


Total Household Income Limits Increase

The maximum total household income you could have had in 2000 and still be eligible to file for claim year 2001 is \$35,251. For details, see "Who May File a Homeowner Assistance Claim Form" on the next page.

Commonly Asked Questions

Where Do I Call For Help? (800) 338-0505

Information about the Homeowner Assistance Program is available 24 hours a day, 7 days a week by calling our Toll-Free Phone Service at (800) 338-0505. Refer to the back cover of this booklet for the list of codes for commonly asked questions. Select Homeowner and Renter Assistance, then General Information, and enter the three-digit code when instructed. Have a pencil and paper ready to take notes.

In addition, you will see a phone symbol  in the margin next to some paragraphs in this instruction booklet. The number below the phone symbol is the code for recorded information on that topic.



What is Homeowner Assistance?

Homeowner assistance is a once-a-year payment from the State of California based on part of the property taxes assessed and paid on your home. Eligible homeowners may receive up to 96% of the property taxes paid in 2000 (see page 14). The maximum assistance payment allowed is \$326.40.



Who May File a Homeowner Assistance Claim Form?

You may file a 2001 Homeowner Assistance Claim form if you were any of the following on December 31, 2000:

62 years of age or older (See **Note** on page 6, line 4a); **or** Blind; **or** Disabled; **and** meet **all** of the following:

- Owned and lived in your home in California on December 31, 2000. A home may include a condominium, “own-your-own” apartment, or a mobile home taxed as property; and
- Had total household income of \$35,251 or less in 2000; and
- Had gross household income of \$64,093 or less in 2000. Gross household income is total household income (form FTB 9000, Homeowner Assistance Claim, line 16) plus all non-cash business expenses such as depreciation, amortization, and depletion; and
- Are a United States citizen or a designated alien (see page 19), including a qualified alien, when you file your claim.



The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the Act) requires that payments for homeowner and renter assistance claims be distributed only to United States citizens and certain designated aliens, including qualified aliens. To apply for these benefits, you must provide a declaration stating your citizenship or alien status. Completing form FTB 9000, line 1 and line 2 and signing the form when you get to Step H provide the required declaration of your citizenship or alien status.

The Franchise Tax Board may request additional documentation or evidence to substantiate your declared status. The Act authorizes the Franchise Tax Board to compare information with the Federal Immigration and Naturalization Service (INS) to verify the immigration status you declare. Applicable regulations also provide that information concerning aliens who cannot prove their declared alien status, after being provided an opportunity to do so, shall be reported to the INS.

Note: You may file only one claim per household each year. Only one owner-claimant is entitled to payment per year. When two or more individuals of a household meet the qualifications, they should decide who will file the claim.

When Should You File Your 2001 Claim?

You should file your claim after July 1, 2001, and on or before October 15, 2001.

What If You Do Not File Your 2001 Claim on or Before October 15, 2001?

You can file a 2001 claim until June 30, 2002. However, free volunteer assistance is not available after October 15, 2001. In addition, claim processing timeframes can be considerably longer after October 15, due to the fact that income tax processing takes priority over HRA claims during the tax filing season.



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Can I File an Assistance Claim for Past Years?

You had until June 30, 2001 to file a claim for 2000. All other prior claim years that are filed will be denied unless you were medically incapacitated. If a medical incapacity prevents you from filing your current or past claim, you must file the claim by the earliest of the following dates, and attach proof of medically certified incapacity:

- Within six months after your medical incapacity ends; or
- Within three years of the end of the fiscal year for which you wish to claim the assistance. For example, for claim year 2001, you will need to file by June 30, 2004 or within six months after your incapacity ends, whichever date is earlier. **However, do not use the 2001 claim form to file past claims.**

There are no other exceptions that would allow you to file a claim for past years.



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When Will Homeowner Assistance Checks be Mailed?

Most homeowner assistance checks will be mailed within 15 weeks from the date you filed your claim, if you file by October 15, 2001 and the required documents are attached to your claim and your claim form is complete. See page 12 for a list of the required documents.

Please wait 15 weeks from the date you filed your claim before you call us about your assistance check. It may take up to 15 weeks to process your claim. If you call before we have processed your claim, we will not have information about your check.

If your claim form is not complete, we may call or write for additional information.

Death of Claimant

If the date of death is on or before January 1, 2001:

No person may file a claim on behalf of a person who died on or before January 1, 2001.

If the date of death is on or after January 2, 2001:

Only the surviving spouse of an eligible claimant who died on or after January 2, 2001 and did not file a claim may file a claim on behalf of the deceased spouse. However, if you are eligible to file your own claim, you should file your own claim instead of filing on behalf of your deceased spouse.

Assistance attributable to a deceased claimant may not be paid to a person who is not a United States citizen or who is not described in the Eligibility Code Chart for Noncitizens on page 19.

Before You Begin

Make sure you have form FTB 9000, 2001 Homeowner Assistance Claim.

Gather **all** of your 2000 income records. You will also need a copy of your 2000/2001 property tax bill.

Step-by-Step Instructions

We provide step-by-step instructions to help you complete your form FTB 9000. Fill in only those lines that apply to your situation. If you need information or forms that are not included in this booklet, see the back cover.

Step-by-Step Instructions for Completing the Claim Form

Form 9000, 2001 Homeowner Assistance Claim, is on page 15 of this booklet.

STEP A Name, Address, and Social Security Number

If your booklet has a label on the front:

If the information is correct, attach the label to your completed claim. If the information is incorrect, cross out any errors and print the correct information. Place it on the name and address area in Step A of form FTB 9000, then enter your social security number (if married, also enter your spouse's social security number) in the spaces provided.

If your booklet does not have a label on the front:

Print in ink or type your full name, mailing address, and social security number (if married, include your spouse's full name and social security number) in the spaces provided at the top of form FTB 9000.

Private Mailbox Numbers

If you lease a private mailbox (PMB) from a private business rather than from the United States Postal Service, enter your box number in the field labeled "PMB no" in the address area.

STEP B Filing Status

Line 1 – Are you a United States citizen?

Yes. Check "Yes" on line 1, skip line 2 and go to line 3.

No. Check "No" on line 1 then go to line 2.

Line 2 – Benefit Eligibility for Noncitizens

Use the chart on page 19 to find the benefit eligibility code that matches your alien status. Then enter your alien status code on line 2a, alien registration number on line 2b, and date of entry to the United States on line 2c.

If you do not provide and complete the information requested on lines 2a, 2b, and 2c, or if your alien status is not included in the Eligibility Code Chart for Noncitizens on page 19, you cannot receive homeowner or renter assistance benefits.

Line 3 – Date of Birth

Enter the month, day, and year of your birth on line 3.

Example: If you were born on May 21, 1938, you would enter 05/21/1938 on line 3.

Line 4a – Check the appropriate box on the form: 62 or Older

If you were 62 or older on December 31, 2000, regardless of blindness or disability, check the box A.

Note: If you turned 62 on January 1, 2001, you are considered to be 62 on December 31, 2000. If you filed a claim form last year as blind or disabled and turned 62 during 2000, you must file as 62 or older by checking box A then go to line 5.

Proof of Age

If you are at least 62 years old, and received Supplemental Security Income (SSI), you do not need to send a proof of age document with your claim form. Your signature in Step H allows the Franchise Tax Board to verify your age with the Department of Health Services.

If you do not receive SSI, you must send a proof of age document for the first year you file as 62 years old or older. The proof of age document will become a permanent part of your record.



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Attach a copy (do not send original documents) of **one** of the following:

- Birth certificate;
- Medi-Cal Benefits Identification Card (BIC);
- Hospital birth record;
- Church baptismal record; **or**
- Social security award letter that states your date of birth.

If you do not have any of the above documents, you should send a **copy** of any document that proves that you are 62 years old. Explain how the document proves your age.

Do not send your original Medi-Cal Benefits Identification Card as proof of age.

We cannot accept the following documents as proof of age:

- A copy of a California driver's license or identification card; or
- A Medicare card issued after June 30, 1973.

Line 4b – Under 62 and Blind

If you are blind but less than 62 years old, check box B then go to line 5.

You are considered blind if you have a statement from a doctor that says you have either:

- Central vision acuity (sharpness of vision) of no more than 20/200 with correction; or
- Tunnel vision, which is a limited visual field of no more than 20 degrees.

Line 4c – Under 62 and Disabled

If you are disabled but less than 62 years old, check box C. Then go to line 5.

You are considered disabled if you are unable to engage in any substantial gainful activity because of a physical or mental impairment that is expected to last for a continuous period of 12 months or longer. Further, you are considered to be disabled only if the physical or mental impairment is so severe that you are not only unable to do your previous type of work, but also cannot do **any** kind of substantial gainful work considering age, education, and work experience.

Proof of Blindness or Disability

- Proof of blindness or permanent disability is required only the first year you file a homeowner assistance claim. You will not need to send proof again as long as your condition remains the same.
- Proof of temporary disability is required each year that you file a homeowner assistance claim.



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If you receive SSI, you do not need to send a document with your claim form to prove your blindness or disability. Your signature in Step H allows the Franchise Tax Board to verify your blindness or disability with the Department of Health Services.

Exception: If you received an SSI payment decision but have not received any payments yet, send a copy of the SSI decision.

If you do not receive SSI, you must provide a statement of blindness or disability signed by a registered optometrist or physician on the optometrist's or physician's letterhead. **You must submit the original statement (not a copy).** The statement must include the dates and nature of the blindness or disability. You may also send a **copy** of your Medicare card if you were receiving social security as a blind or disabled person on December 31, 2000. If you do not have a Medicare card, you may send a copy of your social security award letter.

We cannot accept your Medi-Cal Benefits Identification Card as proof of blindness or disability.

STEP C Property Information

Line 5 – Own and Live in Home

You must have owned **and** lived in your home in California on December 31, 2000. A home may include a floating home or houseboat, your own condominium, “own-your-own” apartment, mobile or manufactured home taxed as property. If you pay a vehicle-type tax on your mobile or manufactured home to the Department of Housing and Community Development, you may file **a** claim for **either** homeowner assistance or for renter assistance. You may not file claims for both.

Line 5a – Full Value

Enter the full value of your property on line 5a. The full value of your property is the value of your property as shown on your 2000/2001 property tax bill, less the homeowner’s or veteran’s exemption. This may also be identified as full cash value or full market value.

Note: Homeowner assistance is granted **only** on the first \$34,000 of the full value as shown on your property tax bill. Assistance will not be allowed on that part of the full value (after homeowner’s or veteran’s exemption) of a residential dwelling that is more than \$34,000.

Line 6 – Personal Use

If your property was used entirely for your personal use in 2000, check “No” and go to line 7. If you use part of your property for rental and/or business purposes, check “Yes” and enter your best estimate of the percentage of your property devoted to your personal use on line 6a. The percentage of your property you use as your home may be figured by the number of rooms, square footage, or any similar measure. For example, if you have five rooms in your home, use three rooms for your personal use and rent the other two rooms, your percentage of personal use would be figured this way:

$$\frac{3 \text{ rooms personal use}}{5 \text{ rooms total}} = 60\% \text{ personal use}$$

If you check “Yes,” you must complete line 12.

Line 7 – Names on Your Property Tax Bill

List the name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. Indicate whether they lived in your home in 2000 by checking “Yes” or “No.”

Enter 100% as your percentage of ownership if the name(s) listed on your 2000/2001 property tax bill include only your spouse or any of the following persons related to you or to your spouse:

- Parents;
- Children or their spouses;
- Grandchildren or their spouses; or
- A person living in your home.

If your interest in your property is a recorded life estate, you are entitled to assistance on the tax assessed on your property.

Note: Death or divorce ends the relationship of any individual above who is related to the claimant only by marriage.

Complete the following worksheet only if there are owners on your 2000/2001 property tax bill other than the relatives listed above and each owner has an equal percentage of ownership. If each owner does not have an equal percentage of ownership, do not complete the worksheet, go to line 7 of form FTB 9000 and enter your percentage of ownership.

-
1. Total number of owners listed on your 2000/2001 property tax bill . . 1. _____
 2. Number of owners, other than those listed on page 8 who
did not live with you during the period January 1, 2000,
through December 31, 2000 2. _____
 3. Subtract line 2 from line 1 3. _____
 4. Divide the amount on line 3 by the amount on line 1. This is your
percentage of ownership of the home. Enter this percentage on
form FTB 9000, line 7 4. _____
-

STEP D Income of Household Members

You must enter the total household income received by all household members for the entire 2000 calendar year. Total household income from all members includes your income, your spouse's income if you are married, and the income received by any other person who lived in your home (only enter the income that the other persons received while living in your home during the 2000 calendar year). However, do not include the income of minors, students, or renters.

Line 8 – Social Security/Railroad Retirement

Enter the total **yearly** amount of social security (including the amount deducted for Medicare premiums) and railroad retirement received by any household member, regardless of its source or taxability.

Line 9 – Interest, Dividends, and/or Gain (or Loss)

Enter the combined total **yearly** amount of interest, dividends, and capital gain (or loss) received by any member of the household, regardless of source or taxability.

Combine the amount of income (or loss) from the sale of assets with total yearly interest and dividends. You may use California Schedule D, Capital Gain or Loss Adjustment, to figure California gain or loss (not the adjustment). The maximum deductible net loss from the sale of capital assets is \$3,000. Examples of capital assets are stocks and bonds.

You may use California Schedule D-1, Sales of Business Property, to figure net ordinary income or loss on the sale of business property.

Line 10 – Pensions and/or Annuities

Enter the total **yearly** amount of pensions and annuities received by any member of the household. Include disability retirement payments and IRA distributions, regardless of source or taxability.

Line 11 – SSI/SSP, AB, and ATD

Enter the total **yearly** amount of the following types of assistance received by you, your spouse, or any household member.

- SSI/SSP (Supplemental Security Income/State Supplemental Plan);
- AB (Aid to the Blind); and
- ATD (Aid to the Totally Disabled).

Note: These payments are often called "Gold Checks."

Do not include Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC).

Homeowner assistance will not be included as income or resources in determining the amount of public assistance payments to which you are entitled. Therefore, payments or assistance you or your spouse receive, such as food stamps, Temporary Assistance for Needy Families, SSI/SSP, or payment for homemaker/chore services will not be reduced as a result of filing this claim.

Line 12 – Rental and Business Income (or Loss)

Enter the amount of net rental income (or loss). Provide the income or loss from your federal Schedule E or California Schedule CA. If you did not complete the federal Schedule E or California Schedule CA, provide the income or loss amount from any supporting document.

If you checked “Yes” on line 6, you must complete line 12.

Enter the amount of net income (or loss) from your business. You may use the amounts from your federal Schedule C or C-EZ (Form 1040), Profit or Loss From Business, for business income (or loss), or federal Schedule F (Form 1040), Profit or Loss From Farming, for farm income (or loss).

If you checked “Yes” on line 6, you must complete line 12.

Line 13 – Other Income (Including Wages)

Enter the total **yearly** amount of other income received by you, your spouse, and the other members of your household during 2000. Some of the types of income that you must include on line 13 are:

- Wages;
- Alimony received;
- Life insurance proceeds to the extent they exceed the expenses incurred for the last illness and funeral of a deceased spouse or the claimant;
- Veteran’s benefits;
- Unemployment insurance benefits;
- Worker’s compensation for temporary disability (amounts for permanent disability must be entered on line 11);
- Amounts received from an employer or any government body for loss of wages due to sickness or accident (sick-leave payments);
- Military compensation (including nontaxable military compensation);
- Scholarships and fellowship grants;
- Nontaxable gain from the sale of a residence;
- California lottery winnings in excess of \$600 in 2000; 100% of other lottery winnings;
- Gifts and inheritances (including noncash items) in excess of \$300, except transfers between members of the same household;
- Amounts received from an estate or trust that were not included on any other line;
- Amounts contributed by or on behalf of the claimant to a tax sheltered retirement plan or deferred compensation plan;
- The amount of alternative minimum taxable income in excess of your regular taxable income, if you were required to pay alternative minimum tax on your 2000 California income tax return; and
- Public assistance and relief, other than as excluded below.

Types of income that you must **not** include on line 13 are:

- Temporary Assistance for Needy Families;
- Foster care payments;
- Federal heating rebates;
- Utility company refunds or assistance;
- Medicare or Medi-Cal reimbursements for medical expenses; and
- Homeowner or renter assistance payments.

Line 14 – Subtotal

Add line 8 through line 13.

STEP E Adjustments to Income

Line 15 – Adjustments to Income

You may deduct the following from your income:

- **Individual Retirement Arrangement Deduction** – Deduct your deductible contribution to an Individual Retirement Account (IRA), Keogh (HR 10), Simplified Employee Plan (SEP), or Savings Incentive Match Plans for Employees (SIMPLE).
- **Student Loan Interest Deduction** – Deduct the amount allowed for California personal income tax.
- **Medical Savings Account (MSA) Deduction** – Deduct the amount you contributed to an MSA.
- **Moving Expenses** – Deduct allowable moving expenses that were not reimbursed by your employer.
- **Self-employment tax deduction** – Deduct one-half of your self-employment tax imposed for the taxable year.
- **Self-employed health insurance deduction** – Deduct the amount allowed for California personal income tax.
- **Forfeited interest penalty on early withdrawal of savings** – Deduct the penalty charged for premature withdrawal from a savings account.
- **Alimony paid** – Deduct court-ordered alimony payments.

Attach the appropriate form or a schedule explaining each adjustment to income.

You may **not** subtract these items from your household income:

- Mortgage payments
- Utilities
- Repairs
- Taxes (other than self-employment tax);
- Fees;
- Medical bills; and
- Interest paid on loans (other than interest on qualified education loans).

STEP F Total Household Income

Line 16 – Total Household Income

Subtract line 15 from line 14. Enter the result on line 16. If the amount on line 16 is **more** than \$35,251, STOP. You do **not** qualify for homeowner assistance.

STEP G Property Tax Paid and Homeowner Assistance Claimed

Line 17 – Property Tax for 2000/2001

Enter the total tax (after homeowner's or veteran's exemption) from your 2000/2001 property tax bill. **Do not include payments for special or direct assessments, including improvement bonds or charges for services.** The maximum amount of property taxes claimed on your homeowner's claim cannot exceed one percent (1%) of the full value of the property as shown on your 2000/2001 property tax bill.

You **must** attach a copy of your 2000/2001 property tax bill, a tax status report, or a Cooperative Housing Property Tax Statement to your claim.

If you are a mobile or manufactured home owner, you **must** include a copy of the Registration card and Renewal Billing Notice issued by the Department of Housing and Community Development and/or property tax bill you received for your mobile or manufactured home.

Line 18 – Homeowner Assistance Claimed

The amount of homeowner assistance you will receive will be figured for you. You **do not** have to complete this line. If you wish to figure the amount of assistance, see “Worksheet to Figure the Amount of Homeowner Assistance” on page 14.

Note: The law provides that no payment is allowed if the amount of allowable assistance is \$5 or less.

STEP H Signature, Date, and Telephone Number

Authorization

If you receive SSI, the Franchise Tax Board can verify with the Department of Health Services that you meet the age, disability, or blindness requirement. This helps us process your claim faster. In addition, other eligibility criteria may be verified with the Department of Health Services and other state or federal agencies.

Declaration

Your signature on form FTB 9000, Step H, is also your declaration of your alien or citizenship status.

Sign and Date Your Claim Form

You must sign and date your claim form in the space provided. You may sign by making a mark in front of a witness. The word “witness” and the witness’s signature **must** be entered after your mark. If you are filing on behalf of a deceased spouse, print “Surviving Spouse” after your signature. See instructions for Death of Claimant on page 5.

Preparer Tax Identification Number (PTIN)

Tax professionals have the option of providing their individual Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) on claims they prepare. The alternative number can be used in lieu of an SSN beginning January 1, 2000. Preparers who want a PTIN must complete and submit federal Form W-7P, Application for Preparer Tax Identification Number, to the IRS.

Enter Your Telephone Number

Your telephone number is important. If the need arises, we can provide you with faster and more complete service if we can contact you by telephone rather than in writing.

Review and Mail Your Claim Form

Review Your Claim Form

Review your claim form to make sure it is complete and correct. Be sure to include any copies of documents that were requested in the instructions (see list below). If the required documents are not attached to your claim form, your check will be delayed until the Franchise Tax Board receives and processes the missing documents.

Attach copies of the following required documents that apply to your claim:

- Proof of age (required for the first year you file as 62 or older (see page 6 for additional information));
- Proof of blindness or permanent disability (required for the first year you file as blind or permanent disabled);
- Proof of temporary disability (required each year you file as disabled) and;
- If you lived in a mobile or manufactured home, a copy of the Registration Renewal Notice and Registration card and/or property tax bill you received for your mobile or manufactured home; and
- Your property tax bill (except for Tenant-Stockholders).

Keep the following documents that apply to your claim for your records (do not send in copies unless you are specifically requested to do so).

- If you have rental income (or loss), business income (or loss), capital gains (or loss), or adjustments to income, a complete copy of your 2000 federal Form 1040 along with the supporting schedules;
- If the claim is signed by someone acting as an Attorney in Fact, a copy of the Power of Attorney;
- If you do not own your home but have a possessory interest, a copy of the document granting you a possessory interest;
- If your property is held in a trust, a copy of the Certification of Trust, or the date of execution of the trust instrument, the identity of the settlor(s), current acting trustee(s), whether it is a revocable trust, and the trust identification number.

Mail Your Claim Form

Mail your claim form and attached documents to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

In most cases, homeowner assistance checks will be mailed within 15 weeks from the date you filed your claim.

Privacy Act Notice

The Information Practices Act of 1977 and the Federal Privacy Act require that the following information be provided to individuals who are asked to supply information:

The official who is responsible for maintaining the information is the Director, Processing Services Bureau. Address your correspondence to:

DIRECTOR, PROCESSING SERVICES BUREAU
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CALIFORNIA 94240-1040.

Telephone number:

- Within the United States (800) 338-0505
- Outside the United States (916) 845-6600

The Revenue and Taxation Code requires every person claiming benefits under the Homeowner and Renter Assistance Program to make a claim according to the forms and regulations prescribed by the Franchise Tax Board (Sections 20501 through 20646 and the Regulations pertaining thereto). Individuals making claims or providing statements or other documents are required to include their social security numbers to ensure proper identification and to permit processing of the claims. (See also Section 205(c)(2) of the Federal Social Security Act as amended by Section 1211 of the Federal Tax Reform Act of 1976.)

The principal purposes for requesting information are to permit the department to properly respond to homeowner and renter assistance claims and other communications and to determine the validity of claims. Filing a claim for assistance is voluntary. However, if a claim is filed, the applicant must complete the form and provide all requested information for the claim to be considered. Assistance shall not be allowed based on incomplete or inaccurate claims.

As authorized by law, information furnished on the form may be transferred to the federal Immigration and Naturalization Service and to the following governmental agencies and officials of the State: Board of Control, Board of Equalization, Department of Finance, Office of the State Controller, Auditor General, and Legislative Analyst. An individual has a right of access to records containing his/her personal information that are maintained by the Franchise Tax Board.

Worksheet to Figure the Amount of Homeowner Assistance

If you want, we will figure the amount of homeowner assistance for you. You may, however, figure this amount by completing line 1 through line 9 for those items that apply to you.

Complete only if the full value of your property as shown on your 2000/2001 property tax bill is more than \$34,000 after subtracting your homeowner's or veteran's exemption.

1. Enter the full value shown on form FTB 9000, line 5a 1. \$ _____
2. Divide \$34,000 by the amount on line 1 above (100% maximum) 2. _____ %

Complete only if your property is used for rental and/or business purposes as well as for your home.

3. Enter the percentage of your home devoted to your personal use shown on form FTB 9000, line 6a 3. _____ %

Complete only if there are owners (other than you and your spouse, or the parents, children, grandchildren (or their spouses) of you or your spouse) listed on your property tax bill who do not live in your home.

4. Enter the percentage of your ownership shown on form FTB 9000, line 7 4. _____ %

Figure the amount of homeowner assistance.

5. Enter the property tax for 2000/2001 shown on form FTB 9000, line 17 5. \$ _____
6. Enter the lowest percentage from line 2, line 3, or line 4 above.
Enter 100% if line 2, line 3, and line 4 are blank 6. x _____ %
7. Multiply the amount on line 5 by the percentage on line 6. Enter this amount or \$340.00 whichever is smaller 7. \$ _____
8. Find your total household income on the schedule below and enter the percentage of assistance here 8. x _____ %
9. Homeowner assistance. Multiply the amount on line 7 by the percentage on line 8. Enter this amount on form FTB 9000, line 18 9. \$ _____

Homeowner Assistance Schedule

If your total household income is		Your percentage of assistance is	If your total household income is		Your percentage of assistance is
From	To		From	To	
\$0	\$8,812	96%	19,390	19,976	41%
8,813	9,400	94%	19,977	20,564	37%
9,401	9,987	92%	20,565	21,151	34%
9,988	10,575	90%	21,152	21,738	31%
10,576	11,163	88%	21,739	22,327	28%
11,164	11,750	86%	22,328	22,914	25%
11,751	12,337	84%	22,915	23,500	22%
12,338	12,925	82%	23,501	24,088	20%
12,926	13,513	80%	24,089	24,675	18%
13,514	14,101	78%	24,676	25,263	16%
14,102	14,688	76%	25,264	25,851	14%
14,689	15,275	73%	25,852	26,438	12%
15,276	15,863	69%	26,439	27,026	10%
15,864	16,451	65%	27,027	27,614	8%
16,452	17,038	61%	27,615	28,202	7%
17,039	17,626	57%	28,203	28,790	6%
17,627	18,213	53%	28,791	29,378	5%
18,214	18,800	49%	29,379	30,000	4%
18,801	19,389	45%	30,001	30,614	3%
			30,615	31,228	2%
			31,229	31,842	1%
			31,843	32,456	0%
			32,457	33,070	0%
			33,071	33,684	0%
			33,685	34,298	0%
			34,299	34,912	0%
			34,913	35,526	0%
			35,527	36,140	0%
			36,141	36,754	0%
			36,755	37,368	0%
			37,369	37,982	0%
			37,983	38,596	0%
			38,597	39,210	0%
			39,211	39,824	0%
			39,825	40,438	0%
			40,439	41,052	0%
			41,053	41,666	0%
			41,667	42,280	0%
			42,281	42,894	0%
			42,895	43,508	0%
			43,509	44,122	0%
			44,123	44,736	0%
			44,737	45,350	0%
			45,351	45,964	0%
			45,965	46,578	0%
			46,579	47,192	0%
			47,193	47,806	0%
			47,807	48,420	0%
			48,421	49,034	0%
			49,035	49,648	0%
			49,649	50,262	0%
			50,263	50,876	0%
			50,877	51,490	0%
			51,491	52,104	0%
			52,105	52,718	0%
			52,719	53,332	0%
			53,333	53,946	0%
			53,947	54,560	0%
			54,561	55,174	0%
			55,175	55,788	0%
			55,789	56,402	0%
			56,403	57,016	0%
			57,017	57,630	0%
			57,631	58,244	0%
			58,245	58,858	0%
			58,859	59,472	0%
			59,473	60,086	0%
			60,087	60,700	0%
			60,701	61,314	0%
			61,315	61,928	0%
			61,929	62,542	0%
			62,543	63,156	0%
			63,157	63,770	0%
			63,771	64,384	0%
			64,385	64,998	0%
			64,999	65,612	0%
			65,613	66,226	0%
			66,227	66,840	0%
			66,841	67,454	0%
			67,455	68,068	0%
			68,069	68,682	0%
			68,683	69,296	0%
			69,297	69,910	0%
			69,911	70,524	0%
			70,525	71,138	0%
			71,139	71,752	0%
			71,753	72,366	0%
			72,367	72,980	0%
			72,981	73,594	0%
			73,595	74,208	0%
			74,209	74,822	0%
			74,823	75,436	0%
			75,437	76,050	0%
			76,051	76,664	0%
			76,665	77,278	0%
			77,279	77,892	0%
			77,893	78,506	0%
			78,507	79,120	0%
			79,121	79,734	0%
			79,735	80,348	0%
			80,349	80,962	0%
			80,963	81,576	0%
			81,577	82,190	0%
			82,191	82,804	0%
			82,805	83,418	0%
			83,419	84,032	0%
			84,033	84,646	0%
			84,647	85,260	0%
			85,261	85,874	0%
			85,875	86,488	0%
			86,489	87,102	0%
			87,103	87,716	0%
			87,717	88,330	0%
			88,331	88,944	0%
			88,945	89,558	0%
			89,559	90,172	0%
			90,173	90,786	0%
			90,787	91,400	0%
			91,401	92,014	0%
			92,015	92,628	0%
			92,629	93,242	0%
			93,243	93,856	0%
			93,857	94,470	0%
			94,471	95,084	0%
			95,085	95,698	0%
			95,699	96,312	0%
			96,313	96,926	0%
			96,927	97,540	0%
			97,541	98,154	0%
			98,155	98,768	0%
			98,769	99,382	0%
			99,383	100,000	0%

Homeowner Assistance Claim (for income received in 2000)

2001

9000

STEP AName,
address,
and
social
security
number

SSN

Your first name				Initial	Last name			
Spouse's first name				Initial	Last name			
Present home address — number and street including PO Box or rural route						Apt. no.		PMB no.
City, town, or post office						State	ZIP Code	
Your social security number				Spouse's social security number				

IMPORTANT:

Your social security number is required.

STEP BFiling
Status

- Are you a United States citizen? Check "Yes" or "No" .. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
 - Benefit Eligibility for Noncitizens**
If you are not a citizen of the United States, go to page 19.
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.

2a.	Alien Status Code
2b.	Alien Registration Number
2c.	Date of Entry
3.	Date of Birth
 - Enter your date of birth (example: 0 5 / 2 1 / 1 9 3 8)
MM DD YYYY
 - Check the appropriate box if you were **one** of the following on December 31, 2000:

A.	62 years or older (See Note on page 6, line 4a)	<input type="checkbox"/>
B.	Under 62 and blind	<input type="checkbox"/>
C.	Under 62 and disabled (not blind)	<input type="checkbox"/>
- See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.*

STEP CProperty
InformationComplete
line 5
through
line 7.

- Did you own and live in your home on December 31, 2000 ☐ YES ☐ NO
If "No," stop. You do **not** qualify for homeowner assistance.
 - Enter the **FULL** value of your property (after subtracting your homeowner's or veteran's exemption). See page 8 ☐ 5a. \$
- Is your property used for rental and/or business as well as personal use? ☐ 6. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 8 ▶ 6a. %
- List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 8.

Name	Relationship	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	<input type="checkbox"/> YES <input type="checkbox"/> NO

Enter your percentage of ownership ▶ 7. %

Did this person live in your home in 2000?

STEP D

Income of household members

On line 8 through line 13 enter your total household income for the 2000 calendar year.

		(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement	8.		
9. Interest, Dividends, and/or Gain (or Loss)	9.		
10. Pensions and/or Annuities	10.		
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 (full year total)	11.		
12. Rental and Business Income (or Loss). See page 10 ..	12.		
13. Other Income (including wages). See page 10	13.		
14. SUBTOTAL. Add line 8 through line 13	14.		

STEP E

Adjustments to income

15. Adjustments to Income. See page 11	15.		
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STEP F

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2000. Subtract line 15 from line 14	• 16.		
If line 16 is more than \$35,251, stop. You do not qualify.			

STEP G

Property tax paid and homeowner assistance claimed

17. PROPERTY TAX FOR 2000/2001 <input type="radio"/> • 17.		
DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. Amount on line 17 cannot exceed 1% of the full value of the home. See page 11. Attach a copy of your 2000/2001 property tax bill.		

You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.

18. Homeowner assistance claimed (cannot exceed \$326.40). See page 14	■ 18.		
---	-------	--	--

Reminder

If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

STEP H

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE ()

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

Homeowner Assistance Claim (for income received in 2000)

2001

9000

STEP AName,
address,
and
social
security
number

SSN

Your first name				Initial	Last name			
Spouse's first name				Initial	Last name			
Present home address — number and street including PO Box or rural route						Apt. no.		PMB no.
City, town, or post office						State	ZIP Code	
Your social security number				Spouse's social security number				

IMPORTANT:

Your social security number is required.

STEP BFiling
Status

1. Are you a United States citizen? Check "Yes" or "No" .. • 1. <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "Yes," skip line 2 and go to line 3. If you checked "No," go to line 2.	
2. Benefit Eligibility for Noncitizens • 2a. <input type="text"/> Alien Status Code If you are not a citizen of the United States, go to page 19. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. • 2b. <input type="text"/> Alien Registration Number • 2c. <input type="text"/> Date of Entry	
3. Enter your date of birth (example: 0 5 / 2 1 / 1 9 3 8) • 3. <input type="text"/> Date of Birth MM DD YYYY	
4. Check the appropriate box if you were one of the following on December 31, 2000: <ul style="list-style-type: none"> A. 62 years or older (See Note on page 6, line 4a) • A <input type="checkbox"/> B. Under 62 and blind • B <input type="checkbox"/> C. Under 62 and disabled (not blind) • C <input type="checkbox"/> 	

See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.

STEP CProperty
InformationComplete
line 5
through
line 7.

5. Did you own and live in your home on December 31, 2000 5. <input type="checkbox"/> YES <input type="checkbox"/> NO If "No," stop. You do not qualify for homeowner assistance.	
a. Enter the FULL value of your property (after subtracting your homeowner's or veteran's exemption). See page 8 • 5a. \$ <input type="text"/>	
6. Is your property used for rental and/or business as well as personal use? 6. <input type="checkbox"/> YES <input type="checkbox"/> NO If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 8 ▶ 6a. <input type="text"/> %	
7. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 8.	Did this person live in your home in 2000?
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Enter your percentage of ownership ▶ 7. <input type="text"/> %	

STEP D

Income of household members

On line 8 through line 13 enter your total household income for the 2000 calendar year.

		(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement	8.		
9. Interest, Dividends, and/or Gain (or Loss)	9.		
10. Pensions and/or Annuities	10.		
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 (full year total)	11.		
12. Rental and Business Income (or Loss). See page 10 ..	12.		
13. Other Income (including wages). See page 10	13.		
14. SUBTOTAL. Add line 8 through line 13	14.		

STEP E

Adjustments to income

15. Adjustments to Income. See page 11	15.		
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STEP F

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2000. Subtract line 15 from line 14	• 16.		
If line 16 is more than \$35,251, stop. You do not qualify.			

STEP G

Property tax paid and homeowner assistance claimed

17. PROPERTY TAX FOR 2000/2001 <input type="radio"/> • 17.		
DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. Amount on line 17 cannot exceed 1% of the full value of the home. See page 11. Attach a copy of your 2000/2001 property tax bill.		

You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.

18. Homeowner assistance claimed (cannot exceed \$326.40). See page 14	■ 18.		
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Reminder

If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

STEP H

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number () _____

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE ()

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

Chart for Finding the Benefit Eligibility Code for Noncitizens

Are you a United States citizen?

Yes STOP. You **must** check the “Yes” box on line 1 of form FTB 9000. You do not need to read this page.

No You **must** enter an eligibility code from the chart below on line 2a of form FTB 9000.

Follow the instructions below for determining your eligibility code.

General Information

If you are not a United States citizen, you may file a claim for homeowner or renter assistance only if you meet the income and age, blindness, or disability requirements for assistance and, when you file your claim, you are one of the following:

- A qualified alien;
- A nonimmigrant alien under the Immigration and Nationality Act (INA); or
- An alien paroled into the United States under Section 212(d)(5) of the INA for less than one year.

These categories of aliens are described further by the Eligibility Code Chart for Noncitizens below.

Undocumented aliens and aliens not described below are not eligible to receive homeowner or renter assistance and should not complete a claim form.

Instructions

If you are **not** a United States citizen, find the category listed below that accurately describes your presence or admission to the United States. Transfer the alien status code letter for that category to form FTB 9000, line 2a.

Note: If you have questions regarding your immigration status, contact your local Immigration and Naturalization Service (INS) office.

Eligibility Code Chart for Noncitizens

If you are:	Use Alien Status Code:
<ul style="list-style-type: none">• An alien lawfully admitted for permanent residence under the INA;• An alien who (or whose child or child's parent) has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house; OR• The child of an alien who has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house.	B
An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.	C
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of the INA (as amended by Section 305 (a) of Division C of Public Law 104-208).	D
An alien who is granted asylum under Section 208 of the INA.	E
A refugee admitted to the United States under Section 207 of the INA.	F
An alien paroled into the United States for one year or more under Section 212(d)(5) of the INA.	G
An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).	H
An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.	I
A nonimmigrant alien, as defined in Section 101(a)(15) of the INA, admitted under the INA (8 U.S.C. Section 1101...).	J

You do not qualify for homeowner or renter assistance if:

- Your alien status is not described above.
- You are an undocumented alien. Undocumented aliens do not qualify for most public benefits, including homeowner and renter assistance.

Toll-Free Phone Service

Our Toll-Free Phone Service is available 24 hours a day, 7 days a week for you to hear pre-recorded answers to many of your questions about Homeowner and Renter Assistance in English and Spanish. Have a paper and pencil ready to take notes.

Call:

From within the United States (800) 338-0505

From outside the United States (916) 845-6600
(not toll-free)

Select Homeowner and Renter Assistance, then General Information and enter the three-digit code when instructed. Answers to some of the General Information questions below may be found in your claim booklet .

Code General Information

- 800 What is homeowner assistance and what is the maximum amount a claimant can receive?
- 801 What is renter assistance and what is the maximum amount a claimant can receive?
- 802 Do I need to report my assistance payment as income on my California tax return?
- 803 Who is eligible for homeowner assistance?
- 804 Who is eligible for renter assistance?
- 805 Can I file a claim for both homeowner and renter assistance?
- 806 Will the homeowner assistance create a lien on my house?
- 807 When will I get my assistance check?
- 808 May I file an assistance claim for past years?
- 810 How can I prove my age?
- 811 How can I prove my blindness or disability?
- 812 How do I compute my gross household income?
- 816 I need assistance on my property tax bill.
Who do I contact?
- 818 When should I file my homeowner or renter assistance claim?
- 819 Who do I contact about low-income housing?
- 821 I lived in a mobile or manufactured home. Which claim form should I file?
- 822 Can I deduct my prior year Net Operating Loss?
- 823 Can I file on behalf of my disabled minor child?
- 824 I lived in a mobile or manufactured home. What documents do I attach to my homeowner assistance claim?
- 825 I lived on tax exempt property. Do I qualify for renter assistance?

Status of Your Assistance Payment

You can find out the status of our assistance payment by calling (800) 338-0505 and selecting Homeowner and Renter Assistance Payment Information. Please allow 15 weeks from the date you mailed your claim for processing to be completed.

Where to Get Claim Forms

By Internet – You may download, view, and print claim forms and publications from our website at:

www.ftb.ca.gov

By Phone – You can order current year claim forms and publications by calling (800) 338-0505 and selecting Homeowner and Renter Assistance, then select order forms. Refer to the list below to find the code number for the form or publication you want to order:

Code Homeowner and Renter Assistance Forms and Publications

- 700 Form FTB 9000, Homeowner Assistance Claim Booklet
- 701 Form FTB 9000R, Renter Assistance Claim Booklet
- 702 FTB 9000 AUD, Homeowner Assistance Claim Booklet on Audio Cassette
- 703 FTB 9000R AUD, Renter Assistance Claim Booklet on Audio Cassette
- 704 2001 Property Tax Postponement for Senior Citizens, Blind or Disabled Citizens
- 705 FTB Pub. 9050, Homeowner Assistance Renter Assistance & Property Tax Postponement
- 706 FTB Pub. 9051, Asistencia De Propietarios De Casa Asistencia De Inquilinos y Diferimiento De Impuestos De Propiedad
- 707 Form FTB 9106, Household Income Schedule
- 708 Form FTB 9225 C-1, Declaration of Citizenship, Alienage, and Immigration Status
- 709 Form FTB 9109, Cooperative Membership

Where to Mail Your Claim Form

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

Additional Services

Assistance for persons with disabilities

The FTB complies with provisions of the Americans with Disabilities Act. Persons with a hearing or speech impairment call:

From voice phone (800) 735-2922
(California Relay Service)

From TTY/TDD (800) 822-6268
(Direct line to FTB customer service)

For all other assistance or (800) 852-5711
other accommodations

Asistencia Bilingüe en español

Para obtener servicios en español y asistencia gratis para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

Usted puede calificar para un reembolso de una parte de los impuestos sobre propiedad que usted paga si en Diciembre 31 de 2000, usted tenía 62 años (o mas) o estaba ciego o incapacitado, y fue dueño de la casa donde vivía, y su ingreso por año no fue mas de \$35,251 y usted es ciudadano de los Estados Unidos o un extranjero designado (incluyendo a extranjeros calificados) como se describe en la pagina 19 de este folleto.

Formularios para solicitar ésta asistencia deben ser entregados del primero de Julio al 15 de Octubre.